

POSITION	INITIALS	ID NO.	DATE

BEST AVAILABLE COPY

INDEX OF CLAIMS

Claim	Date
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If more than 150 claims or 10 actions  
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ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID N .	DATE
FEE DETERMINATION	<i>[Signature]</i>		<i>3/12/99</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>952</i>	<i>88518</i>	<i>3/19/99</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
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50	✓

Claim	Date
Final Original	
51	✓
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Claim	Date
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101	✓
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149	✓
150	✓

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